Effective October 1, 2001

Application or Docket Number

10006053

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			4		State of the state		RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA	BASIC FE	E 370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			낙 minus 20=		· Ø		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	\ minus 3 =				X42=	· And in the second	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	TOTAL	370	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	. ENTITY	OR	OTHER SMALL	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)		ADDI-	J		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		+140=		OR	+280=	
·							TOTA		OR	TOTAL	
ADDIT. FEE										ADDIT. FEE	
_		(Column 1)			ımn 2) HEST	(Column 3)					
AMENDMENT B	de 16.6 sekulanya ya tangsandali (Silab) Kalifaria (Silabona) (Silab ali adipak	CLAIMS REMAINING AFTER AMENDMENT	Personal and American	NUN PREV	MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	ж×		=	X\$ 9=		OR	X\$18=	
	Independent	İ*	Minus	***		<u> </u>	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		+140=		OR	+280=	
							TÖTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column 1)	·	(Coli	umn 2)	(Column 3)	ADDI1. I'E				
		CLAIMS		HIG	HEST	(Column 5)	I	ADDI-	1		ADDI-
AMENDMENT C	-	REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-	X42=		OR	V04	1
ΙĽ	FIRST PRESE	IULTIPLE DEPENDEN		NT CLAIN]	1	┧~~	-	 	
			Ab a mate - !=1		ito "O" :	olumn 3	+140=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE											
	The "riighest Nur	mber Previously P	aid For" (Total	or Indeper	dent) is th	e highest numbe	er found in the	appropriate bo	ox in c	olumn 1.	